

POSITION	ALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	91		05/14/01
<b>O.I.P.E. CLASSIFIER</b>	RSD		5/31/01
<b>FORMALITY REVIEW</b>	MM	920	07-09-01
<b>RESPONSE FORMALITY REVIEW</b>	act -	571	09/18/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1 ✓	7/25/03
2 ✓	6/29/04
3 0 ✓	
4 0 ✓	
5 0 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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07/09/04

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